



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Pennsylvania
PROMIS^eTM
Companion Guide

276/277

Health Care Claim Status Request and Response

Version 5010

July 2015, Version 1.13

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Revision History

Document Version Number	Revision Date	Reason for Revisions	Revisions Completed By
Version 1.1	06/01/10	New document	Documentation Team
Version 1.2	07/01/10	Loop updates	Documentation Team
Version 1.3	07/04/10	Loop updates	Documentation Team
Version 1.6	09/19/12	Updated Carrier List in Appendix A	Documentation Team
Version 1.7	10/25/12	Removed PH/95 from Carrier List in Appendix A	Documentation Team
Version 1.8	12/07/12	Removed names	Documentation Team
Version 1.9	01/09/13	Updated Appendix A	Documentation Team
Version 1.10	12/23/13	Updated Appendix A	Documentation Team
Version 1.11	09/12/14	Updated Appendix A and added Copyright Notice and Disclaimer page	Documentation Team
Version 1.12	04/10/15	Updated logo and name from DPW to DHS; Updated Appendix A – Insurance Carriers, section “PROMISE™ specific HIPAA Data Elements” was updated to align with ASC X12 guidelines	Documentation Team
Version 1.13	07/09/15	Updated TR3 unique identifier	Documentation Team

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Overview

The Pennsylvania Department of Human Services' HIPAA-compliant Provider Reimbursement and Operations Management Information System (PROMISe™) has adopted the new version 5010 X12 standards. These standards are in compliance with the CMS mandate effective January 1, 2012.

This Companion Guide contains detailed instructions for preparing the ASC X12 005010X212 Health Care Claim Status Request and Response (276/277) transaction records for all of the different types of services that can be submitted to PROMISe™ in the 276/277 format. **Please disregard any instructions that do not pertain to the services for which you are submitting.**

Submitters (individual providers, billing services, software vendors, and managed care organizations) must complete a certification process in order to submit transactions to PROMISe™ for production processing. The certification process consists of the submission of test claims to verify that all transactions are HIPAA compliant and conform to PROMISe™. To initiate the certification process, see the certification registration process on the DHS web site at <http://www.dhs.state.pa.us/provider/promise/certification/index.htm> or contact the HP Enterprise Services Provider Assistance Center at 800-248-2152.

Companion Guide Instructions

One of the new terms born out of HIPAA is *payer variability*. As each payer works to make its system HIPAA-compliant, there is a realization and an allowance that payers require information and values/formats specific to their systems. As such, each payer requires that transactions be completed with specific data. This Companion Guide was developed to communicate the Pennsylvania Medical Assistance-specific information required to successfully submit the 276/277 transaction.

This Companion Guide is to be used in conjunction *with the ASC X12 Implementation Guide* found at <http://store.x12.org>. The *ASC X12 Implementation Guide* is the main source of information about the transaction sets. The Companion Guide contains:

- DHS interpretation/application of the data elements that support Medical Assistance transaction submissions,
- The methods utilized to convey data that are not included in the *ASC X12 Implementation Guide*, but are required for processing Pennsylvania Department of Human Services transactions; and
- Clarification for certain, less obvious, but still standard, uses of the transaction.

Revisions to the Companion Guide

To aid the provider community in organizing these Companion Guides and the revisions that may occur, this document will have a revision schedule and notification process.

The initial release of this Companion Guide was June 2010. The first release reflects all the known information as of this date. However, as the implementation phases of PROMISe™ progress, updates and releases of new information may be forthcoming.

The e-mail information that you provided when you registered for PROMISe™ certification will be used to notify you when the regularly scheduled updates are available, as well as when there are any special updates in between. If your email information changes, please notify HP Enterprise Services at papac1@hp.com.

Revision Process:

For each new release of this Companion Guide, the information that has been changed since the previous version will be located in this section of the guide. If a revision is made to a data element, it will be detailed in the Revision(s) Description section in the table containing the element. DHS will clearly define the change that was made so it can be integrated into your process.

If there are any updated releases of the Companion Guide, DHS will attempt to notify you of its availability through the email address that you supplied when you registered for PROMISe™ certification. Updates will also be posted on the DHS website. You are encouraged to check this site regularly.

PROMISE™ Business Rules

For the Claim Status Request and Response System to search for the claim, the Information Receiver must provide the following data elements in the 276. The situational fields that are mentioned in the TR3, such as patient account number and prescription number are not useful in the search for the claim. These fields and other situation data are found in the system only after the claim's System Assigned Key (SAK) has been found and the claim type and status are known.

Required Data	Comment
Billing Provider ID (Loop 2100C, NM109)	This ID must be the Billing Provider NPI or MAID (13 digits) from the original claim. If the MAID is sent, it must match exactly the ID sent in the original claim to the exact service location code. Claims are processed by Billing Provider ID, so other providers who participated in the claim will not help to locate the claim.

PROMISE™ Specific HIPAA Data Elements

276 Health Care Claim Status Request

General: The 276 Health Care Claim Status Request will be used by providers to inquire about the status of Fee-for-Service Claims.

Page	Field Name	PROMISE™ Specific Instructions
C.4	ISA06: Interchange Sender ID	Assigned Sender ID
C.5	ISA08: Interchange Receiver ID	Production – “345529167” Testing – “445314156”
41	Loop 2100A – Payer Name	
41	NM103: Name Last or Organization Name	"Pennsylvania Dpt of Human Services"
42	NM109: Identification Code	"236003113"

277 Health Care Information Status Notification

General: The 277 Health Care Information Status Notification will be used to respond to claim status requests from providers about Fee-for-Service Claims.

Page	Field Name	PROMISE™ Specific Instructions
C.4	ISA06: Interchange Sender ID	Production – “345529167” Testing – “445314156”
C.6	ISA08: Interchange Receiver ID	Assigned Receiver ID
111	Loop 2100A: Payer Name	
111	NM103: Name Last or Organization Name	"Pennsylvania Dpt of Human Services"
112	NM109: Identification Code	"236003113"